

Savings/Current Account Closure Form



Date ___/___/_____

Account No.

I / We _____ confirm that all unused cheques issued to me / us have been enclosed / destroyed by me / us. No. from _____ to _____. I / We also authorise the bank to destroy all the unutilised cheques, if any, in the system.

I / We are enclosing / destroying the ATM / Debit Card(s) issued to me / us.

No. 1

No. 2

Reason for closure of Account

Sr. No.	Reason	Please select
1	Deficiency in Branch services	
2	Monthly / Quarterly / Half yearly charges on higher side	
3	Shifted to other location where there is no Axis Bank branch	
4	Monthly / Quarterly / Half yearly balance on higher side	
5	Dissatisfied with the present product offering	
6	Moving to other bank – Foreign / Private Bank	
7	Moving to other bank – Nationalise / Co-operative Bank	
8	Opening the account in some different scheme code	
9	Deceased case / change in constitution / legal case	
10	Other relationship with the bank are closed	
11	Credit Discipline – CC/OD/Loans with other Bank/s	

The Bank may contact you for further discussion at your registered number post which the closure process will be initiated. In case you would like to be contacted at an alternate number, please provide the details.

Mobile No.: _____ Landline No. (with STD code): _____

Pay the proceeds by:

DD / PO Credit to Axis Bank Account

Our following standing instructions may be dealt with as per the instructions written there against:

Sr. No.	Particular of Standing Instruction	To be dealt with (Cancel / Transfer to account N o.)

Names and Signature of all applicants: in case of more signatories please use an additional form

Sr. No.	Name	Signature
Authorised Signatory		
Authorised Signatory		
Authorised Signatory		

BANK USE ONLY

Date of Account Opening: _____

CVS: 1 2 3 4 5 NA (Circle the option to select)

Branch Head Name: _____

Branch Head Employee No.: _____ Branch SOL ID: _____ Branch Head Signature: _____

Following have been destroyed:

ATM card destroyed Y N
 Unused cheque leaves destroyed Y N

In case of company account necessary board resolution obtained. Y N

Following have been delinked from the account

Standing Instruction No. _____ Osc No. _____ Locker No. _____ Demat Account No. _____

Approval enclosed for lien removal / charge reversal

Branch Head
 Circle Head
 Product Head

Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified Mode of operation and signatures of the A/c. The request may please be processed.

Signature: _____ Designation: _____
 Operations Head Branch Head S.S No: _____

Signature verified _____ Employee No. _____
 (Name of the employee)

Acknowledgement:

We acknowledge receipt of Savings / Current account no closure form by you in favour of

Name of account holder: _____

Account No.: _____

Branch Stamp and Sign: _____

Date of Receipt: _____